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**Interdem Academy Membership**

***Application form***

Please complete this document and return it to:

Interdem-masterclass@maastrichtuniversity.nl

Please also add a picture of yourself below.

\*Picture\*

**DATE OF TODAY:**

**NAME:**

**GENDER:**

**TITLE OR HIGHEST ACADEMIC QUALIFICATION (e.g. MSc, MA, PhD, MD etc.):**

**PRESENT POSITION (e.g. PhD student, post-doctoral fellow):**

**SUPERVISED BY (INTERDEM member):**

**INSTITUTE:**

**WORK ADDRESS:**

**TEL:**

**E-MAIL:**

**WEBSITE(S):**

**AREA(S) OF EXPERTISE, ONGOING PROJECTS, KEY PUBLICATIONS AND RELEVANT RESEARCH ACTIVITY:**

NAME:

TITLE:

PROFESSIONAL GROUPING:

WORK ADDRESS:

TEL: WORK/WORK MOBILE

FAX:

EMAIL:

WEBLINK:

PRESENT POSITION (e.g. Director of…… ):

HIGHEST ACADEMIC QUALIFICATION (e.g. PhD, MD etc.):